	Effective on 12/0		OF (II D. 4010)			Complete	e if Known	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).							·	
FEE TRANSMITTAL								
For FY 2009					Vamed Inventor	7/15/2004 Marcel W	, <u>.</u> ,	
						Caralynne		,
Applicant claims small entity status. See 37 CFR 1.27					Examiner Name Art Unit			
TOTAL AMOUNT OF PAYMENT (\$) \$1030.00					Attorney Docket		1615 0470 - 060131	
METHOD OF PAY	MENT (check	all that apply)		10 also			and the state of the first state of the stat	
	Credit Card	Money Ord	der \(\)	None	Other (please ide	entify):		
Deposit Accou	nt Deposit Acc	count Number:	23-0	650	Deposit Account	t Name:		
For the abo	ove-identified d	eposit account	, the Director	r is hereby	authorized to: (cl	neck all that a	pply)	
Cha	rge fee(s) indica	ated below			Charge fee	(s) indicated b	elow, except for the	e filing fee
	rge any addition	` .	erpayments c	f fee(s)	Credit any	overpayments	S.	
und WARNING: Information nformation and authoriz	•	become public. (Credit card info	rmation shou	-			
EE CALCULATIO	N (All the fees	s below are du	e upon filin	g or may b	e subject to a su	ırcharge.)		
1. BASIC FILING	•							
FILING FEES SEARCH I						TION FEES		
Application Typ				nall Entity Fee (\$)			mall Entity Fee (\$) Fees Paid	
Utility	330	82	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAI	M FEES							Small Entity
Fee Description							<u>Fee (\$)</u>	Fee (\$)
Each claim over 20 (including Reissues)							52	26
Each independent cl	· ·	luding Reissue	s)				220	110
Multiple dependent							390	195
Total Claims				<u>e (\$)</u>	Fee Paid (\$)			Dependent Claims
HP = highest number	of total claims par	= id for, if greater th	X nan 20.				<u>Fee (\$)</u>	Fee Paid (\$)
Indep. Claims	<u>-3 or HP</u>	Extra Clai	ms Fo	<u>ee (\$)</u>	Fee Paid (\$)			
HP = highest number	of independent cl	aims paid for, if g						
3. APPLICATION		4.400	4			~ 1		1
							ce or computer listi l 50 sheets or fracti	
	.C. 41(a)(1)(G)			(4 TO TOL 0.		acainomu		
Total Sheets	<u>Extra S</u>	<u>heets</u>	Number o	f each add	itional 50 or fra	ction thereof	<u>Fee (\$)</u>	Fee Paid (\$)
	100 =	/ 50 =		(roun	d up to a whole nu	mber) x	<u> </u>	=
4. OTHER FEE(S)							Fees Paid (\$)
Non-English	•	•	o small entit	•			o> c	
Other (e.g., la	te filing surcha	rge): 2-Month	Extension of	Time (\$49	00) and Notice of	Appeal (\$54)	U) tees	\$1030.00
SUBMITTED BY	1		- 27					
Signature	Registration No. (Attorney/Agent) 22,132 Telephone							412-471-8815
lame (Print/Type) William H. Logsdon							Date Jui	